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## **LOCAL MEDICAL EMERGENCY POLICY**

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### **PURPOSE**

To provide guidelines to prehospital care providers and personnel regarding the treatment and transportation of patients during a declared Local Medical Emergency.

### **POLICY**

Prehospital care providers and personnel shall follow the procedures and guidelines outlined below regarding the treatment and transportation of patients during a declared Local Medical Emergency.

### **DEFINITION**

**Local Medical Emergency:** For the purposes of this policy, a Local Medical Emergency shall exist when a “local emergency”, as that term is used in government Code Section 8630, has been proclaimed by the governing body of a city or the county, or by an official so designated by ordinance.

### **ENACTMENT OF PROTOCOL**

The following procedures shall apply during a Local Medical Emergency:

1. A public safety agency of the affected jurisdiction shall notify the County Communications Center of the proclamation of a local emergency, and shall provide information specifying the geographical area that the proclamation affects.
2. The Communications Center shall notify:
  - a. The County Health Officer/Designee.
  - b. ICEMA.
  - c. The County Sheriff's Department.
  - d. Area prehospital provider agencies.
  - e. Area hospitals.

3. This protocol shall remain in effect for the duration of the declared Local Medical Emergency or until rescinded by the County Health Officer (Operational Area Medical Coordinator) or his/her designee.

### **MEDICAL CONTROL**

1. ALS, Limited ALS, and BLS personnel may function within their Scope of Practice as established in the standard Practice Protocols without Base Station contact.
2. No care will be given unless the scene is secured and safe for EMS personnel.
3. An MCI will be initiated by either Comm Center or ICEMA. Patient destination will be determined as part of the MCI.
4. Transporting agencies may utilize BLS units for patient transport as dictated by transport resource availability. In cases where no ambulance units are available, personnel will utilize the most appropriate method of transportation at their disposal.
5. Patients too unstable to be transported outside the affected area should be transferred to the closest secured appropriate facility.
6. County Communications Center should be contacted on the MED NET frequency for patient destination by the transporting unit.
7. Base Station contact criteria outlined in protocol #5040, Radio Communication, may be suspended by the ICEMA Medical Director. EMS provider agencies will be notified. Receiving facilities should be contacted with following information once enroute:
  - a. ETA.
  - b. Number of patients.
  - c. Patient status: Immediate, delayed or minor.
  - d. Brief description of injury.
  - e. Treatment initiated.

### **DOCUMENTATION**

First responder and transporting agencies may utilize approved triage tags as the minimum documentation requirement. The following conditions will apply:

1. One corner to be kept by the jurisdictional public safety agency. A patient transport log will also be kept indicating time, incident number, patient number (triage tag), and receiving facility.
2. One corner to be retained by the transporting agency. A patient log will also be maintained indicating time, incident number, patient number (triage tag) and receiving facility.
3. Remaining portion of triage tag to accompany patient to receiving facility which is to be entered into the patient's medical record.
4. All Radio Communication Failure reports may be suspended for duration of the Local Medical Emergency.

All refusals of treatment and/or transport will be documented as scene safety allows.

### **COUNTY COMMUNICATIONS CENTER**

County Communications Center will initiate a MCI according to ICEMA policies. This information will be coordinated with appropriate fire/rescue zone dispatch centers and medical unit leaders in the field as needed.

### **RESPONSIBILITIES OF THE RECEIVING FACILITIES**

1. Receiving facilities upon notification by the County Communications Center of a declared Local Medical Emergency will provide hospital bed availability and Emergency Department capabilities for immediate and delayed patients.
2. Receiving facilities will utilize ReddiNet to provide the County Communications Center and ICEMA with hospital bed capacity status every four (4) hours, upon request, or when capacities are reached.
3. It is strongly recommended that receiving facilities establish a triage area in order to evaluate incoming emergency patients.
4. In the event that incoming patients overload the service delivery capacity of the receiving hospital, it is recommended that the hospital consider implementing their disaster plan.
5. Saturated hospitals may request evacuation of stable in-patients. Movement of these patients should be coordinated by County Communications Center and in accordance with Armed Services Medical Regulation Office (ASMRO) system categories.